

Date: _____

Credit Card Authorization Form

- One Time
 Keep on File

Company Name: _____ Name: _____
(as it appears on card)

Cardholder Billing Address: _____ State/Province: _____
City: _____ Zip Code: _____

Type of Card: Visa Mastercard Amex Other: _____

Card Number: _____ Expiration Date: _____

Security Code: _____ Total Amount to be Charged: \$ _____

I, the cardholder, authorize the amount(s) listed to be charged to the above credit card on a one-time or recurring basis as specified above.

Cardholder Signature

Date

Note: Please email to support@blissstudio.com, fax to 714 545 7140.